A RARE FORM OF PELVIC HÆMATOCELE.

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THE following case seems worthy of notice, from the rapidity with which the disease set in and ran its course to death, and from its having led to an apparently well-grounded suspicion of irritant poisoning, and as such resulted in an investigation by the law authorities.

THE SYMPTOMS, ETC., OBSERVED DURING LIFE BY DR. MACQUIBBAN, were as follows :—

Previous History.—Mrs. F., aged 35, the mother of four children, who are at present alive and healthy, accustomed to ordinary housework, of regular habits, had always been healthy, and was in perfect health up to 10 P.M. on the 26th of October last (1878).

History of the Illness.—When first seen, at 7·30 P.M. on the 27th of October, she was in bed complaining of pain over the left groin, stomach, and right side of the chest. She had vomited incessantly since ten o'clock the previous night. She complained of great thirst, and refused to take food, and was restless and sleepless. She had down-bearing pains and desire to pass urine ; had taken five Holloway's pills that morning (27th), which had acted on the bowels three times during the afternoon. She had menstruated about a fortnight previously. The countenance was pale ; the skin cold and clammy ; the pulse weak, 120 in the minute ; the heart palpitating, its first and second sounds running into one ; the respiration restricted, but the chest-sounds normal, except for a slight dulness over the right side ; the pupils were fixed ; the tongue was whitish and furred ; the abdomen dis-

tended. There was no hernia. The cervix uteri was pretty far down, but not unusually so for a woman who had borne children. On introducing the catheter, only about a teaspoonful of urine was found in the bladder. She was ordered to take every three hours a tablespoonful of a mixture containing one drachm of tincture of opium, two drachms of compound spirit of lavender, and water to six ounces; and to be kept quiet.

At 1·15 A.M. on the 28th, a message was received that she was no better; and when visited about an hour later she was quite conscious, and spoke slowly but distinctly. She complained of blindness or dimness of sight, with dark specks floating before her eyes, and of weakness. She had fainted several times when raised up; had vomited a fluid of a dark coffee-ground colour; the down-bearing pains continued. She had tried to void urine, but had failed to pass any, and the catheter only drew off about a tablespoonful. The gums and lips were of a bluish colour; the skin still cold and clammy. The pulse at the wrist could not now be felt, but it was distinctly perceptible in the neck.

At 9·30 A.M., the symptoms were more grave than at last visit; and she complained of spasmodic twitchings of the arms.

At 11 A.M., the skin was warmer; the respirations 44 in the minute; the pulse not to be felt; the voice husky; the face swollen; the pupils dilated. She was conscious and sleepless. The vomiting still continuing. She had voided no urine.

5·30 P.M. The symptoms were the same.

8 P.M. Since last visit, the brain had become affected, slight delirium having set in, though she could be roused to consciousness, when she complained of blindness. The spasms of the arms still continued. She had had a severe convulsion, and thought she was dying. The thirst was still great; the pains were not so severe; and vomiting had now ceased. The abdomen was swollen. She died about midnight, after an illness of fifty hours.

Judging that a *post mortem* examination was called for in this case, from the resemblance of the symptoms to those observed in cases of irritant poisoning, the necessary order to open the body was obtained from the Procurator-Fiscal, and we proceeded to the inspection at 1 P.M. on the 30th of October, thirty seven hours after death.

NOTES OF THE POST MORTEM EXAMINATION, BY DR. F. OGSTON, JUNIOR.—*External Appearances.*—Rigor mortis was well marked. The front of the body was markedly pale ; the back parts showed hypostatic lividities. The arms and hands were semiflexed ; the right foot was bent inwards at the ankle. There was a patch of light purple discoloration on the chin. The lips were blue. The pupils were slightly dilated. The belly was somewhat distended, resonant on percussion anteriorly, dull at the sides. *Internal Appearances.*—There was marked pallor of the scalp and of the brain and its membranes. The blood which issued from the blood-vessels in the substance of the brain was unusually thin and watery. The lungs were bound down to their surrounding structures by old pleuritic adhesions, except over a small space posteriorly. Three fluid ounces of bloody serum were found in each pleural cavity. The lungs were œdematous, with slightly marked hypostatic congestion in the posterior parts of their lower lobes. The heart and its valves were healthy ; its cavities were empty of blood ; firm, almost colourless fibrinous clots were found in the aorta and pulmonary arteries and in both venæ cavæ. The liver and kidneys were very pale and bloodless, but otherwise healthy. The spleen was pale, of normal size, or perhaps rather large, and with numerous cysts of varing sizes on its surface. These cysts were filled with colourless serum and with epithelial cells in a state of granular degeneration. The stomach contained a little coffee-ground fluid ; its mucous membrane showing no signs of inflammation. The intestines and peritoneum were healthy. The womb was a little enlarged ;

its mucous membrane was velvety and slightly reddened. The right ovary was distended to six times its normal size by two cysts filled with colourless fluid, and contained a corpus menstruale with a well developed yellow border and a pretty firm central red clot. The corpus appeared to correspond with the woman's own statement, that she had menstruated about a fortnight previously. The left ovary was quite healthy, and contained no recent corpora menstrualia. Both Fallopian tubes were perfectly healthy. A clot of dark blood, of a rounded form, and about the size of a new-born infant's head, adhered by a short pedicle three-quarters of an inch in diameter, to a point on the front of the left broad ligament, just external to its uterine attachment, and below the junction of the Fallopian tube to the uterus. No ruptured blood-vessel or other evident source of the hæmorrhage was visible to the naked eye. Eighty-six fluid ounces of blood were found in the abdominal cavity, including the mass of clot, with the exception of which it was entirely homogeneous and fluid. The mass of clot contained no trace of an ovum.

From these appearances, we gave it as our opinion that Mrs F. had died from hæmorrhage into the abdominal cavity, the result of natural causes.

REMARKS.—From a medico-legal point of view, this case must be regarded as an eminently satisfactory one—the *post mortem* appearances corresponding with the vital symptoms and clearing it from any suspicion of poisoning ; a suspicion naturally and easily arising when we consider that the woman was of a previously sound constitution and in good health when she was seized suddenly with signs of apparent gastro-intestinal irritation, accompanied by severe vomiting of coffee-ground fluid and followed by collapse, and that her illness lasted only for the short space of fifty hours—a sequence of events met with in cases of irritant poisoning—that by arsenic, for instance.

From the records of forensic medicine, we find that plevic hæmatocele has more than once given rise to suspicions of poisoning; Trousseau relating three cases from Tardieu's experience, one of which is in some respects comparable to this one, with, however, the history of a kick in the groin to account for its origin.

It is, however, in its pathological point of view that we find the case obscure; and the questions arise—What was the cause of the hæmorrhage? and whence did it come?

The causes usually assigned for pelvic hæmatocele are chiefly—

1. Ovarian, from rupture of a congested ovary during the process of ovulation or during copulation;

2. Uterine or Fallopian, during the process menstruation; from the reflux of blood through the Fallopian tubes;

3. From rupture of tubar or extra-uterine ova;

4. From a purpuric or anæmic state of the system;

5. From simple exudation through the peritoneum when in a state of hyperæmia;

6. From rupture of varicose ovario-uterine veins.

This case does not fall under any of the first three categories; for the ovaries were in a healthy state, the cysts in the right ovary being filled with transparent serum, without any admixture of blood, and the corpus menstruale found there being, to judge from its appearance, about a fortnight old. The appearance of slight congestion in the mucous membrane of the uterus seemed to have no connection with the hæmorrhage, and the Fallopian tubes contained no blood. There were not the slightest grounds for assuming that it had its origin in extra-uterine pregnancy.

The fourth and fifth sources of origin are also disproved the healthy condition of the woman, and the want of any trace of hyperæmia of the peritoneum.

It is to the sixth cause, namely, rupture of the ovario-uterine veins, that we must look with any chance of

throwing light on this case, although no ruptured vessel could be found, a circumstance which does not bar its possibility, for, as stated by Trousseau, it is impossible to demonstrate either the varicosity of these veins or their rupture without having previously injected them, a proceeding impracticable in this case. It must be stated, however, that the veins of the legs were not at all varicose.

The case is, however, so obscure that this is merely thrown out as a suggestion as to what may have been the cause of this extensive hæmorrhage.